

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

n Division (IC 3-9-5-14)

IS THIS AN AMENDMENT? Yes

assistance in completing this form, see instructions on the reverse side.

Yes No

## (CFA-4) Summary Sheet

**FILE NUMBER** 

**TOTAL PAGES IN ENTIRE CFA-4 REPOR** 

| 1. Full Name of Committee (as on Statement of Organization)  ELECT ESSIC FOSTER Howard County Recommend of County Recommend 2. Acronym or Abbreviated Name (if any)  4. Mailing Address (Address where all campaign finance correspondence is received.)  3404 Covey LN | 3. Committe<br>(765                              | e Telephone Number                               |   |  |
|---|--|--|---|--|
| Acronym or Abbreviated Name (if any)      Mailing Address (Address where all campaign finance correspondence is received.)  | 3. Committe                                      | () 200 1년 1일 |   |  |
| Mailing Address (Address where all campaign finance correspondence is received.)  | (765   | () 200 1년 1일 |   |  |
|   | 1  |  | FRIED DE 19 19 19 19 19 19 19 19 19 19 19 19 19 |  |
|   |  | 651419-6254                                      |   |  |
|   | Check if this is                                 | a new address.                                   |   |  |
| 5. City, State, ZIP Code  | 6. Party Affiliation (if applicable)             |  |   |  |
| KOKOMO, IN 46902  | Democratic                                       |  |   |  |
| CANDIDATE INFORMATION (For Candidate's  | Committees                                       | Only)  |   |  |
| 7. Full Name of Candidate (Include any nickname.)   | 8. Party Affiliation or If Independent Candidate |  |   |  |
| Essie Foster  | Democratic                                       |  |   |  |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)   | 10. County of Residence                          |  |   |  |
| HOWARD COUNTY RECORDER  | 1-10   | ward   |   |  |
| TYPE OF REPORT  |  | CONVENTIO  | N CANDIDATES ONL                                |  |
| 11. Check one:  | Che  |  | eck one:  |  |
| ☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other  |  |  | vention   |  |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend   | Statement of Organizat                           | ian.) Dost-Col                                   | nvention  |  |
| 12. Reporting Period (mm/dd/yy):  |  | COLUMN A   | COLUMN B  |  |
| From: $10/15/22$ Through: $12/31/22$  |  | This Period                                      | Year to Date                                    |  |
| 13. Cash on hand and investments at the beginning of this reporting period.   |  | 0  | approximate the second                          |  |
| 14. Cash on hand and investments January 1, current year.   |  |  | 6   |  |
| CONTRIBUTIONS AND RECEIPTS  |  |  | STEED IN  |  |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)   |  |  |   |  |
| 15a. Itemized (Use Schedule A.)   |  | 0  | 0   |  |
| 15b, Unitemized   |  | 0  | 80,00   |  |
| 15c. Add lines 15a and 15b in both columns.   | BTOTAL   | 0  | 80,00   |  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  | TOTAL  | 0  | 80,00   |  |
| EXPENDITURES  |  |  |   |  |
| (Note: These amounts include in-kind expenditures and loan repayments.)   |  |  |   |  |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  |  | 0  | 0   |  |
| 17b, Uniternized  |  | 0  | 80.00   |  |
| 17c. Add lines 17a and 17b in both columns.   | JBTOTAL  | 0  | 80.00   |  |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  | TOTAL  | 0  | 0   |  |
| 19. Debts OWED BY the committee (Use Schedule D.)   |  | 0  | STREET, ST                                      |  |
| 20. Debts OWED TO the committee (Use Schedule E.)   |  | 0  |   |  |
| CERTIFICATION   | WHITE STREET                                     |  | FOR OFFICE USE ONLY                             |  |

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasure R

Signature of Candidate (if applicable)

Treasure R

Date (mm/dd/yy)

Date (mm/dd/yy)

Date (mm/dd/yy)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

JAN 1 7 2023

DEBBIE STEWART Clerk Howard Cir. Court